FINANCE JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
		Effective Date	07/31/2024
	Subject **Financial Assistance**	*Page*	1 of 10
		Supersedes	08/08/2022

This document applies to the following Participating Organizations:

Johns Hopkins All Children's Hospital	Johns Hopkins Bayview Medical Center, Inc.	Johns Hopkins Care at Home	Johns Hopkins Community Physicians
Johns Hopkins Howard County Medical Center	Johns Hopkins Regional Physicians, LLC	Johns Hopkins Surgery Centers Series	Johns Hopkins University School of Medicine
Pediatric Physician Services, Inc. (FL)	Sibley Memorial Hospital	Suburban Hospital, Inc.	The Johns Hopkins Hospital
West Coast Neonatology, Inc.			

Keywords: assistance, bill, debt, financial, medical

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I. PURPOSE

Johns Hopkins Medicine is committed to providing Financial Assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

II. POLICY

This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance and outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process. This policy governs the provision of Financial Assistance for patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

Johns Hopkins will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Johns Hopkins will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services are provided to all patients in a non-discriminatory manner, pursuant to the hospitals' EMTALA policy.

Sibley Memorial Hospital is located in the District of Columbia. Appendix A to this policy sets forth additional provisions concerning Uncompensated Care required by regulations and laws of the District of Columbia applicable to Sibley Memorial Hospital. Appendix A only applies to Sibley Memorial Hospital. If there is a contradiction between Appendix A and this policy concerning financial assistance and Uncompensated Care at Sibley Memorial Hospital, then provisions of Appendix A shall apply.

Johns Hopkins All Children's Hospital is located in Florida. Appendix C to this policy sets forth additional provisions concerning Florida Statute 395.301, F.S. relating to financial assistance policy for patients or prospective patients and outlines the methodology to determine amounts generally billed, (AGB), and associated discounts provided based on application approval. If there is a contradiction between Appendix C and this policy concerning financial assistance and Uncompensated Care at Johns Hopkins All Children's Health System, then provisions of Appendix C shall apply.
Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for Emergency or other Medically Necessary Care provided to individuals eligible for financial assistance to the amount generally billed (received by) the hospital for commercially insured or Medicare patients. In Maryland, hospital rates are regulated by the Health Services Cost Review Commission (HSCRC). For all Johns Hopkins hospitals except Sibley Memorial Hospital and Johns Hopkins All Children's Hospital, the amount generally billed (AGB) is what is established by the HSCRC and is equivalent to the prospective Medicare method under federal tax regulations.

FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE

Posted on each hospital website is a full list of physicians that provide Emergency and Medically Necessary Care as defined in this policy at JHH, JHBMC, HCGH, SH, SMH, JHACH. See http://hopkinsmedicine.org/-/media/patient-care/documents/billing-insurance/credentialed-provider-list-501r-audit-request.pdf . The provider list indicates if a doctor or physician practice is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so, what the physician's financial assistance policy provides. Physicians that are employed by The Johns Hopkins School of Medicine and Johns Hopkins Community Physicians follow the processes as outlined in this policy.

Subject to medical debt collection laws, including but not limited to § 19-214.1 of the Maryland Code of Regulations (Health – General). Johns Hopkins may file a claim against the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

Johns Hopkins does not file lawsuits, perform wage garnishments, file liens against patients or take any other "extraordinary collection actions," as defined in Internal Revenue Code §501(r)(6). Actions Johns Hopkins may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy,or for information on the policy or how to apply for financial assistance, please contact Customer Service at 1-855-662-3017 (toll-free) or email: pfscs@jhmi.edu or request to speak with a Financial Counselor in any Johns Hopkins facility.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted, so long as other requirements are met. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses.

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III. PROCEDURES

A. Services Eligible Under this Policy

1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to convenience items, private room accommodations or non-essential cosmetic surgery. In the event a question arises whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted, and the matter will also be directed to the physician advisor appointed by the hospital.

B. Eligibility for Financial Assistance

1. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not consider race, color, ancestry or national origin, sex, age, marital status, social status, citizenship status, sexual orientation, gender identity, genetic information, religious affiliation or on the basis of disability. Financial needs will be determined in accordance with procedures that involve an individual assessment of financial needs, and may:
   a. Including an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial needs.
   b. Including the use of external publicly available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay (such as credit scoring)
   c. It includes reasonable efforts by JHM to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs.
   d. Take into account the patient’s available assets and all other financial resources available to the patient,(only for purposes of determining a patient's eligibility for medical financial hardship assistance, as explained below), and include a review of the patient’s outstanding accounts for prior services rendered and the patient’s payment history.

C. Method by Which Patients May Apply for Financial Assistance and Medical Financial Hardship Assistance

1. It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the application is available online at https:// www.hopkinsmedicine.org/patient care/billing-insurance/assistance-services. A hard copy will be mailed upon request by calling toll-free 1-855-662-3017 or 443-997-3370. A patient may also obtain a hard copy of the application from financial counselors, social workers, or registration staff located within a facility. However, the determination may be made at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

D. Determination of Eligibility for Financial Assistance

The following process should be followed when a patient or a patient’s representative requests or applies for Financial Assistance, Medical Financial Hardship Assistance, or both:

1. Determination of Eligibility
   a. Johns Hopkins will make a final determination of eligibility for Financial Assistance based on income, family size and available resources. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purposes of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.

b. Except as provided otherwise in this policy, the patient is required to complete the Johns Hopkins Medicine Financial Assistance Application. Patients shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as a statement from the Office of Unemployment Insurance or a statement from their current source of financial support.

c. The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases/decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources:
   i. Income from wages
   ii. Retirement/Pension Benefits
   iii. Income or benefits from self-employment
   iv. Alimoney
   v. Child Support
   vi. Military family allotments
   vii. Public assistance
   viii. Pension
   ix. Social Security
   x. Strike benefits
   xi. Unemployment compensation
   xii. Workers compensation
   xiii. Veteran's benefits
   xiv. Other sources, such as income and dividends, interest or rental property income.

d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet eligibility requirements. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Financial Assistance Application.

e. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
   i. Patients will be eligible for Financial Assistance if their maximum family (husband and wife, same-sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of$10,000.00 which would be available to satisfy their JHM bills.
   ii. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
   iii. If the patient's household income is at/below the amount listed below, financial assistance will be granted in the form of free care (100% adjustment) or reduced-cost care (35%-75%) adjustment to the initial gross charges for such care. Adjustments will be made as follows:
      - Household income up to 200% of FPL, 100% Adjustment
      - Household income between 201% & 250%, FPL, 75% Adjustment
      - Household income between 251% & 300%, FPL, 50% Adjustment
      - Household income between 301% & 400% of FPL, 35% Adjustment

In no event will any JHM hospital charge any patient who qualifies for financial assistance for emergency or medically necessary care mor than the AGB for such care.

f. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation and the patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. The Health Education and Advocacy Unit of the Maryland Office of the Attorney General is available to assist the patient/guarantor or the patient's authorized representative in filing and mediating an appeal. The written determination letter shall contain the address, phone number, facsimile number, e-mail address, mailing address and website of the Health Education Advocacy Unit.
   i. Health Education and Advocacy Unit
   200 St. Paul Street
   Baltimore, MD 21202
   Phone No.: (410) 528-1840, Toll free: 1-877-261-8807
   Fax No.: (410) 576-6571
   www.oag.state.md/Consumer/heau.htm

g. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.
h. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.
i. Once a patient is approved, if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager or as is required by law, a payment schedule may be extended.
j. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If a patient qualifies for COBRA coverage, the patient’s financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to the Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
k. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (co-payments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.
l. If a patient's account has been assigned to a collection agency, and the patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify Revenue Cycle Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Revenue Cycle Management for review and determination and shall place the account on hold for 45 days pending further instructions.
m. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.
n. The Vice President of Revenue Cycle Management or designee may make exceptions according to individual circumstances.

E. Presumptive Financial Assistance Eligibility
1. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of the following means-tested social services programs are

deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):

a. Households with children in the free or reduced meal program
b. Supplemental Nutritional Assistance Program (SNAP)
c. Low-income-household energy assistance program
d. Women, Infants and Children (WIC)
e. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26

2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:
   a. A patient with Active Medical Assistance Pharmacy coverage
   b. QMB coverage/SLMB coverage
   c. Maryland Public Health System Emergency Petition patients
   d. A patient that is deceased with no estate on file
   e. A patient that is deemed homeless
   f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
   g. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
   h. Health Department moms-for non-emergent outpatient visits not covered by Medical Assistance
3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts—it does not extend to future services.
4. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
   a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
   b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be made as follows:
      i. Household income up to 200% of FPL 100% Adjustment
      ii. Household income between 201% & 250% of FPL 75% Adjustment
      iii. Household income between 251% & 300% of FPL 50% Adjustment
      iv. Household income between 301% & 400% of FPL 35% Adjustment

F. Medical Financial Hardship Assistance

1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. JHM will provide reduced cost Medically Necessary Care to patients with family income above 400% of FPL but below 500% of the Federal Poverty Level.
2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a family over a 12-month period that exceeds 25% of family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a Johns Hopkins Hospital as well as those provided by Johns Hopkins providers. The out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of the Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with financial hardship will receive a 25% adjustment.
3. Factors considered in granting Medical Financial Hardship Assistance:

a. Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the Hopkins treating facility where the application was made
b. Patients will be eligible for Medical Financial Hardship Assistance if their maximum family (husband and wife, same-sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines), and they do not own Liquid Assets in excess of $10,000.00 which would be available to satisfy their JHM bills.
c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
d. Supporting Documentation.

4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's immediate family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at Johns Hopkins under this policy for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or elective or cosmetic procedures. However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost of Medically Necessary Care at registration or admission.
5. If a patient is approved for a percentage allowance due to Medical Financial Hardship, it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines, JHHS shall make a payment plan available to the patient.
6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager, a payment schedule may be extended.
7. For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHM shall apply the reduction in charges that is most favorable to the patient.

G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach

1. Individual notice regarding the hospital's financial assistance policy shall be provided at the time of pre-admission or admission to each person who seeks services in the hospital. JHM shall address with the patient or the patient's family any financial concerns that they may have.
2. Johns Hopkins shall disseminate information regarding its Financial Assistance policy on an annual basis by publishing notices regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.
3. The Notice to Patients of the Availability of Financial Assistance shall be posted at patient registration sites, admissions/business offices, billing offices, and in the emergency department at each facility. Notice will be posted on each hospital website, will be mentioned during oral communications, and will be sent to patients on patient bills. A copy of the Financial Assistance policy will be posted on each facility's website and will be provided to anyone upon request.
4. Individual notice regarding the availability of financial assistance under this policy will also be provided to obstetric patients seeking services at the hospitals under this policy, at the time of community outreach efforts, prenatal services, pre-admission or admission.
5. A Patient Billing and Financial Assistance Information Sheet will be available to patients before the patient receives scheduled medical services in a hospital, before discharge, with the hospital bill, and upon request.
6. A Plain Language Summary of this policy is posted on the JHM website and will be available to all patients.

H. Late Discovery of Eligibility

1. If Johns Hopkins discovers that a patient was eligible for free care on a specific date of service (using the eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts received from the patient/guarantor exceeding five dollars ($5).
2. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to thirty (30) days from the date of initial request for information.
3. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out of pocket for hospital services, then the patient or guarantor should not be refunded any funds that would result in the patient losing financial eligibility for health coverage.

IV. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Medical Debt	Medical Debt is defined as out-of-pocket expenses for medical costs resulting from Medically Necessary Care billed by a Johns Hopkins Hospital or Johns Hopkins provider covered by this policy. Out-of-pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills or physician bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) and did not apply for financial assistance.
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A patient's primary residence shall not be considered an asset convertible to cash. A motor vehicle used for the transportation needs of the patient or any family member of the patient shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans. Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act shall not be considered as assets convertible to cash. Pre-paid higher education funds in the Maryland 529 Program should not be considered an asset convertible to cash. Monetary assets excluded from the determination of Liquid Assets shall be adjusted annually for inflation in accordance with the Consumer Price Index.
Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergent Medical Condition.
Immediate Family	If the patient is a minor, the immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If the patient is an adult, an immediate family member is defined as a spouse or natural or adopted unmarried minor children residing in the same household.

Emergent Medical Condition	A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following: 1. Serious jeopardy to the health of a patient; 2. Serious impairment of any bodily functions; 3. Serious dysfunction of any bodily organ or part. 4. With respect to a pregnant woman: a. That there is inadequate time to effect a safe transfer to another hospital prior to delivery. b. That a transfer may pose a threat to the health and safety of the patient or fetus. c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.
Emergent Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergent medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergent medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergent Medical Condition or to provide Medically Necessary Care.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Family Household. The Family Household Size shall be used in the determination of the Family Income of the patient.
Family Household Size	Household size that consists of the patient and, at a minimum, the following individuals: 1. a spouse regardless of whether the patient and spouse expect to file a joint Federal or State tax return; 2. Biological children, adopted children or step-children; and 3. Anyone for whom the patient claims a personal exemption in a Federal or State tax return. For a patient who is a child, the household size shall consist of the following individuals: 1. Biological parents, adopted parents, stepparents or guardians; 2. Biological siblings, adopted siblings, or step-siblings; and 3. Anyone for whom the patient's parents or guardians claim a personal exemption in a Federal or State tax return.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation; Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; Explanation of Benefits to support Medical Debt.

Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

V. REFERENCE

JHHS Finance Policies and Procedures Manual

- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - Installment Payments
- Policy No. PFS046 - Self-pay Collections

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in the Federal Register

VI. SPONSOR

- VP Revenue Cycle Management (JHHS)
- Director, PFS Operations (JHHS)

VII. REVIEW CYCLE

Two (2) years

VIII. APPROVAL

Revision History:

- 3/19/21 - Added Health Advocacy Unit contact information.
- 5/15/23 - Updated the title and link to the Health Education and Advocacy Unit. Removed the 'Maryland Insurance Administration' language.
- 10/15/24 - Language added for information on policy, applying for financial assistance and determining eligibility for financial hardship.Appendix B, has been updated to include multiple ways to submit application.

Electronic Signature(s)	Date
Kevin Sowers President, JHHS	07/31/2024